


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M82952 1. Entity Name ADAMS REAL ESTATE, INC.			
Principal Place of Business 970 HIGHWAY 98 EAST STE 106 DESTIN, FL 32541 US		Mailing Address P.O. BOX 216 DESTIN, FL 32540 US	
DO NOT WRITE IN THIS SPACE			
		01232004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2891224	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent ADAMS, JAMES F 970 HIGHWAY 98 EAST SUITE 12 DESTIN, FL 32541		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when generating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE	PS		
NAME	ADAMS, JAMES F.		
STREET ADDRESS	4121 INDIAN TRAIL		
CITY-ST-ZIP	DESTIN, FL 32541		
TITLE	V		
NAME	ADAMS, PEGGY H		
STREET ADDRESS	4121 INDIAN TRAIL		
CITY-ST-ZIP	DESTIN, FL 32541		
TITLE	D		
NAME	SIMPSON, M JACK		
STREET ADDRESS	604 CHOCTAW DRIVE		
CITY-ST-ZIP	DESTIN, FL 32541		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>James F. Adams</i>		4-22-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	